

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
 CAMPAIGN DISCLOSURE BOARD
 2010 MAY 18 AM 7:29

COMMITTEE NAME (Must be same as on Statement of Organization)

Kingsolver for County Recorder

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Brian Kingsolver

Political Party (if applicable)

Democrat

Office Sought

County Recorder

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
 REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

18488

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Brian Kingsolver
 SIGNATURE OF PERSON FILING REPORT

712-385-8533

TELEPHONE

May 17th, 2010
 DATE SIGNED

I AM FILING A May 19th, 2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 2nd, 2010

County & Local Committees, enter County in
 which Election is held
 Fremont

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

150.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 150.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

150.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

849.84

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Kingsolver for County Recorder

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
01/19/10	Webstarts 235 W. Brandon Blvd. Suite 252 Brandon FL, 33511		Campaign Website	\$ 79.91	<input type="checkbox"/>
02/02/10	123 Print.com 4875 White Bear Parkway White Bear Lake MN 55110		Campaign Supplies	45.34	<input type="checkbox"/>
02/23/10	Beantown Marketing PO Box 26 Middleton, MA01949-2305		Campaign Buttons	185.00	<input type="checkbox"/>
03/08/10	123 Print.com 4875 White Bear Parkway White Bear Lake MN 55110		Campaign Banner and Supplies	70.59	<input type="checkbox"/>
05/14/10	Candidate signs.com 3640 S. 138th Street Omaha NE, 68144		Yard Signs	469.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 849.84	
TOTAL (if last page of this schedule)				\$ 849.84	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTSCHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Kingsolver for County Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
02/25/10	ID# CK#	Barb and Lynn Handy 1935 235th Street Percival Iowa 51648	Supporters	\$100.00	<input type="checkbox"/>
04/15/10	ID# CK#	Jon and Connie Scott 2250 290th Avenue Sidney Iowa 51652	Supporters	50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 150.00

TOTAL (if last page of this schedule)

\$ 150.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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